

IFW

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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

33

Application Number

09/163,246

Filing Date

September 29, 1998

First Named Inventor

Kevin E. Kalajan

Art Unit

2157

Examiner Name

Barbara N. Burgess

Attorney Docket Number

15437-0102

### ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/  
Incomplete Application



Reply to Missing Parts under 37  
CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a  
Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD



After Allowance Communication  
to TC



Appeal Communication to Board  
of Appeals and Interferences



Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please  
Identify below): Remarks  
Postcard

#### Remarks

The Director is hereby authorized to charge any additional fee(s) or underpayments of  
fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302  
Deposit Account Name: Hickman Palermo Truong & Becker LLP

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Hickman Palermo Truong & Becker LLP

Signature

Printed name

Bobby K. Truong

Date

November 9, 2006

Reg. No.

37,499

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Annette Jacobs

Date

November 9, 2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Client Ref. No. P3642-US-NP-0

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2819).

# FEE TRANSMITTAL

## For FY 2005

NOV 13 2006

## Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.221.	Application Number	09/163,246
	Filing Date	September 29, 1998
	First Named Inventor	Kevin E. Kalajan
	Examiner Name	Barbara N. Burgess
	Art Unit	2157
	Attorney Docket Number	15437-0102
TOTAL AMOUNT OF PAYMENT		(\$ ) 0.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

Deposit Account \_\_\_\_\_ Deposit Account Number: 50-1302 \_\_\_\_\_ Deposit Account Name: Hickman Palermo Truong &amp; Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description		Small Entity	
Fee (\$)		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
63	- 63 or HP = 0	x	= 0.00
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x	= 0.00
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____	_____

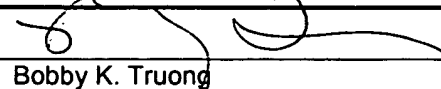
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. 37,499 (Attorney/Agent)	Telephone 408-414-1234
Name (Print/Type)	Bobby K. Truong		Date November 9, 2006

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.